

## **APPLICATION DATA SHEET**

#### **Application Information**

Application number::

10/791,283

Filing Date::

03 / 03 / 04

Application Type::

Regular

Subject Matter::

**Utility** 

Title ::

INFECTIOUS PESTIVIRUS PSEUDO-PARTICLES CONTAINING

FUNCTIONAL ERNS, E1, E2 ENVELOPE PROTEINS

Attorney Docket Number::

P08199US00/BAS

Small Entity?::

No

#### **Applicant Information**

**Applicant Authority Type:**:

Inventor

Primary Citizenship Country::

**GERMANY** 

Status::

**Full Capacity** 

Given Name::

Birke

Middle Name::

Family Name::

**BARTOSCH** 

Name Suffix::

City of Residence::

State or Province of Residence::

Country of Residence::

FRANCE

Street of mailing address::

38200 Chuzelles

City of mailing address::

Chuzelles

State or Province of mailing address::

Country of mailing address::

**FRANCE** 

Postal or Zip Code of mailing address::

38200

Applicant Authority Type::

Inventor

Primary Citizenship Country::

FRANCE

Status::

**Full Capacity** 

Given Name::

Middle Name::

Family Name::

COSSET

Francois-Loic

Name Suffix::

City of Residence::

Lyon

State or Province of Residence::

Country of Residence::

**FRANCE** 

Street of mailing address::

304, rue Garibaldi

City of mailing address::

Lyon

State or Province of mailing address::

Country of mailing address::

**FRANCE** 

Postal or Zip Code of mailing address::

69007

### **Correspondence Information**

Correspondence Customer Number::

00881

### **Representative Information**

Representative Customer Number::

00881

## **Foreign Priority Information**

Country::	Application number::	Filing Date::	Priority Claimed::
EUROPE	03290506.9	03 / 03 / 03	Yes

# **Assignee Information**

Assignee name:: INSTITUT NATIONAL DE LA SANTE ET DE LA RECHERCHE

MEDICALE (INSERM)

Street of mailing address:: 101, Rue de Tolbiac

City of mailing address:: Paris

State or Province of mailing address::

Country of mailing address:: FRANCE

Postal or Zip Code of mailing address:: 75013



Customized PTO/SB/21 (04-04)

	Application #	10/791,283
TO ANOMITTAL FORM	Confirmation #	9764
TRANSMITTAL FORM	Filing Date	3 March 2004
	First Inventor	BARTOSCH et al.
(for all correspondence after initial filing)	Art Unit	1648
	Examiner	
Total number of pages in this submission =	Docket #	P08199US00/BAS

ENCLOSURES (check all that apply)					
Fees calculated below Amendment/Reply including Attachment(s)  After Final Amendment/Reply including Attachment(s)  Extension of Time Petition X Application Data Sheet	Response to Missing Parts/Incomplete Appl. Certified Copy of Priority Document(s) Information Disclosure Statement Drawing(s) Terminal Disclaimer				

FEES CALCULATION: For claims if required and/or other fees as shown below:					
	NOW	Previously Paid For	Present Extra	Rate	<u>\$</u>
TOTAL CLAIMS				X \$ 18 =	
INDEP. CLAIMS				X \$ 86 =	
TOTAL OF ABOVE CLAIMS FEES =					
Reduction by ½ for small entity status of applicant					
SUBTOTAL =					
Fee for extension of time (per attached Petition) Other fee for					
			TOTAL C	OF ALL FEES =	-0-

A CREDIT CARD PAYMENT FORM (PTO-2038) in the amount of \$ \* is enclosed.

The Commissioner is authorized to charge any fee, additional fee or extension fee due in connection herewith to Deposit Account No. 12-0555:

(1) if no payment or an insufficient payment is enclosed and a fee is due in connection herewith; or (2) if no petition for extension of time is enclosed but an EOT is required - and in this event, applicant hereby petitions under 37 CFR 1.136(a) for an extension of time of as many months as are required to render this submission timely.

Date: 12 August 2004

> B. Aaron Schulman Registration No.: 31,877

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